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Bib Data Sheet

SERIAL NUMBER 09/626,366	FILING DATE 07/24/2000 RULE -	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. D4857-00006
APPLICANTS Cathy Ilyse Hess, Harrisburg, PA ; ** CONTINUING DATA ***** VF THIS APPLN CLAIMS BENEFIT OF 60/146,006 07/28/1999 ** FOREIGN APPLICATIONS ***** none VF				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <u>VF</u> Acknowledged Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 16
INDEPENDENT CLAIMS 3				
ADDRESS 08933				
TITLE Clinical wound manager and method				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	